

**APPLICATION FOR CERTIFICATE OF COMPETENCY
ON-SITE SYSTEM MAINTAINER (OSM)**

Submit completed form, attached required information and application fee to:
Public Health – Seattle & King County
Environmental Health Division
14350 SE Eastgate Way
Bellevue, WA 98007
Tel: (206) 296-4932

1. **Check one:** Initial OSM Certification Application ____ **OR,** OSM Certification Renewal Application ____
2. **Applicant Name:** _____ **Home Phone:** () _____
3. **Home Address:** _____ **City & Zip Code:** _____
4. **Name of Business:** _____ **Business Phone:** () _____
5. **Business Address:** _____ **City & Zip Code:** _____
6. **Check one:** Individual ____ Partnership ____ Corporation ____
7. **If a partnership, state name, residence address, and telephone number of each partner. If a corporation, state name, title, residence address, and phone number of each officer (attach an additional sheet if necessary):**

<u>Name</u>	<u>Title</u>	<u>Residence Address</u>	<u>Phone Number</u>
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8. **Please place my name on a list of certified OSMs for public referral:** Yes ____ No ____
9. **Within the past ten years, have you been convicted of any crime, infraction or violation involving fraud or misrepresentation?**
Yes ____ No ____ **Has any partner/corporate officer?** Yes ____ No ____
10. **If this will be your initial King County OSM certification, describe and attach evidence of 2 years of relevant on-site sewage system (OSS) experience (attach an additional sheet if necessary). Include type, duration and location of your experience:**

11. **List and attach evidence of all OSS monitoring and maintenance training you have completed during the previous 12 months (attach an additional sheet if necessary). For certification renewal applicants, list and attach evidence that at least one continuing education unit (CEU) totaling 8 hours has been earned during the previous calendar year.**

<u>Title of Training</u>	<u>Sponsor of Training</u>	<u>Date of Training</u>
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12. **Check if appropriate:** I am an OSS designer applying for certification (or certification renewal) to act as an OSM only for those systems that I design, therefore, I request a waiver of the Maintainer Competency Exam ____.
13. **For certification renewal applicants, check one:** I have attended all mandatory Public Health meetings ____, or, I received all required waivers from this requirement and copies of these waivers are attached ____, or, I have missed required meeting(s) without authorization ____.
14. **For certification renewal applicants, I have submitted all required reports of my OSM activities during the year prior to this certification renewal application to Public Health:** Yes ____ No ____

I AM FAMILIAR WITH THE REQUIREMENTS OF KING COUNTY BOARD OF HEALTH RULES AND REGULATIONS GOVERNING DESIGN, INSTALLATION, AND MAINTENANCE OF ON-SITE SEWAGE SYSTEMS, AND AGREE TO MAINTAIN THOSE SYSTEMS IN ACCORDANCE WITH THESE REQUIREMENTS. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN IMMEDIATE SUSPENSION OR REVOCATION OF MY CERTIFICATE OF COMPETENCY AND APPROPRIATE LEGAL ACTION BY PUBLIC HEALTH – SEATTLE & KING COUNTY.

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Applicant's Signature

Date

FOR DEPARTMENT USE ONLY:

Date Application/Exam Fee Paid: ____/____/____ **Test Score:** ____ **Date Certification Fee Paid:** ____/____/____
OSM Certification: Approved ____, OSM # ____ **Disapproved** ____
Date of OSM Certification Approval / Disapproval: ____/____/____

Granted by: _____

Remarks, include all reasons for disapproval:

Wastewater Program Supervisor's Signature